MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1		1	1			61							
2		1		1			62							
3		1		1			63							
4		1		1			64							
5		1		1			65							
6		1		1			66							
7	1			1			67							
8		1		1			68							
9		1		1			69							
10		1		1			60							
11		1		1			61							
12				1			62							
13				1			63							
14				1			64							
15				1			65							
16				1			66							
17	1			1			67							
18		1					68							
19							69							
20							70							
21	1			1			71							
22		1		1			72							
23		1		1			73							
24		1		1			74							
25		1		1			75							
26				1			76							
27				1			77							
28	1			1			78							
29				1			79							
30				1			80							
31		1					81							
32	1			1			82							
33	1			1			83							
34				1			84							
35		1		1			85							
36		1		1			86							
37		1		1			87							
38				1			88							
39				1			89							
40		1		1			90							
41		1					91							
42	1						92							
43		1					93							
44	1						94							
45							95							
46		1					96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	15		15				TOTAL IND.							
TOTAL DEP.	32		32				TOTAL DEP.							
TOTAL	47		47				TOTAL							